



State of Tennessee
Department of Children's Services

Family Functional Assessment (FFA) Field Guide

Office of Child Safety
Division of Family Functional Assessment
8th Floor Cordell Hull Building
Nashville, TN 37243-1290

February 1, 2006

I. DEMOGRAPHIC INFORMATION

(All Demographic Information is populated by TNKIDS into the FFA Web Application)

Child (populated from TNKids)

Name:
DOB:
Gender:
Race:
SSN:
Current Address:
Placement Address:

Siblings (populated from TN Kids)

Name:
DOB:
Gender:
Race:
SSN:
Current Address:
Placement Address:
Relationship:

Name:
DOB:
Gender:
Race:
SSN:
Current Address:
Placement Address:
Relationship:

Parents/Guardians (Web application will populate information for all persons with the following relationships: Adoptive Father, Adoptive Mother, Birth Father, Birth Mother, Legal Father, Legal Guardian, Putative Father. All other “guardian” relationships must be entered in one of the Domain sections.)

Name:
DOB:
Gender:
Race:
SSN:
Current Address:
Phone:
Relationship:

Name:
DOB:
Gender:
Race:
SSN:
Current Address:
Phone:
Relationship:

General Data (Web application populates from TNKids)

Initial Assessment Date:
Prosecuting District Attorney:
Judge:
Special Judge:
Court:
Guardian Ad Litem:
Jurisdiction County:

Identify who the family wants to attend the next Child and Family Team Meeting:
(Text box for user input.)

List the name, relationship, address, and phone number of team members or any potential team members:

II. SERVICE HISTORY

Presenting and Previous Situations:

(Web application populates by TNKIDS)

DESCRIPTION OF THE CHILD(REN)

(Physical description of the child populates from TNKids. A narrative text box is included for user input.)

Physical Description Date:

Height:

Weight:

Eye Color:

Hair Color:

Identifying Marks:

Gender:

Race:

FAMILY STORY

Describe current and past DCS involvement with the child and family **from the family's perspective**. (Include dates and outcomes)

Understand the position of each family member: Possible questions to initiate the family telling the story:

Regarding the presenting issues or allegation:

- From this referral/ court order you can see how others view things. Tell me your perspective on what has occurred?
- How would you describe what is happening in your family as a result of the problem/issue?
- How do you make sense of what s/he does?
- How do you explain what you did?
- How do you think your child would explain what happened?
- You said earlier that it hasn't always been like this. Can you tell me about times when things have been going well in your family/child?
- What was different about the times when you felt that you handled the situation well with your child?

With other family members:

- How would you describe the situation?
- How do you think the children understand what has happened?
- How willing on a scale of 1 to 10 are you to be of help to the family.

Discovering family strengths and resources

- We have been talking about some serious matters. To give me a more balanced view can you tell me some of the good qualities of your family/child/children?
- If you were describing yourself to others, what sort of things would you say you are good at?
- What do like about being a parent?
- What do you like about your child? Or your parent?
- Who can help you with these issues?
- How is it that you have been able to handle all that you have been under?

III. Assessment Tools

Tools Used: (Maintain a copy of tools used and related documentation in the case file.)			
Pictorial Tools:		Date Completed:	
<input type="checkbox"/> Genogram		<input type="text"/>	
<input type="checkbox"/> Timeline		<input type="text"/>	
<input type="checkbox"/> Ecomap		<input type="text"/>	
<input type="checkbox"/> Family Map		<input type="text"/>	
Record check:		Date Requested:	Date Received:
<input type="checkbox"/> School Records		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medical Records		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mental Health Records		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> DCS Records		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Court Records		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Police Records		<input type="text"/>	<input type="text"/>
Referrals made:		Date Referred:	Person Referred: Service Provider:
<input type="checkbox"/> Mental Health		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Substance Abuse		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Domestic Violence		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> In-home Services		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other		<input type="text"/>	<input type="text"/>
Interviews:		Date Completed:	
<input type="checkbox"/> Parent(s)/guardian(s)		<input type="text"/>	
<input type="checkbox"/> Child		<input type="text"/>	
<input type="checkbox"/> Siblings		<input type="text"/>	
<input type="checkbox"/> Extended Family		<input type="text"/>	
<input type="checkbox"/> Foster Parent(s)		<input type="text"/>	
<input type="checkbox"/> School		<input type="text"/>	
<input type="checkbox"/> Other <input type="text"/>		<input type="text"/>	

Risk & Safety Tools: <input type="checkbox"/> Response Priority <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Safety Assessment <input type="checkbox"/> Risk Re-Assessment <input type="checkbox"/> Community Risk Assess.	Date Completed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Observation: <input type="checkbox"/> Visitation <input type="checkbox"/> Home Visit <input type="checkbox"/> School Visit <input type="checkbox"/> Foster Home Visit <input type="checkbox"/> Other	Date Observed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Diligent Search: Person: <input type="text"/>	Searches Conducted (Check with multiple Cities and States as needed): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Contact known relatives <input type="checkbox"/> Social Service Record Check <input type="checkbox"/> Police Records <input type="checkbox"/> Phone Directory <input type="checkbox"/> Cross City Directory <input type="checkbox"/> Post Office <input type="checkbox"/> Dept. of Safety <input type="checkbox"/> Military Records <input type="checkbox"/> School (if parent is a student) </div> <div style="width: 50%;"> <input type="checkbox"/> Utility Companies <input type="checkbox"/> County Records <input type="checkbox"/> Last known Employer <input type="checkbox"/> Dept of Employment <input type="checkbox"/> Dept of Employment <input type="checkbox"/> Registrar of Deeds <input type="checkbox"/> County Court Clerk <input type="checkbox"/> Last known Landlord </div> </div>

IV. Functional Assessment

SAFETY

A) Maltreatment Allegations/ Delinquent or Unruly Behaviors

Narrative

Use this narrative textbox to document the results of the risk and safety assessment tools and factual information that relates to domestic violence or substance abuse [children and/or parents (guardians)].

Strengths (Signs of Safety)

- What happens when someone in your house gets angry? When [this] happens, what do you do?
- What do you do to keep your family safe?
- What has stopped you in the past from doing [this]?
- How do you keep your children safe?
- If parent or child reveals maltreatment, ask about how they managed to overcome this? What recommendations do you have to your child get through difficult times?
- When you are out with your friends, what kinds of things do you do to keep yourself safe?
- I noticed that you do.... to keep your children safe. What else do you do to keep them from harm?

Risks, Needs, and Concerns (Signs of Risk)

- How safe do you feel in your environment/home?
- What needs to change to make you feel safer?
- How do you define "safe?"
- Tell me about a time when you haven't felt safe in your home? What was going on that made you feel not safe?
- When you are not with your child, does your child do things that make you worry about his/her safety?
- On a scale of 1 to 10 how safe do you feel?
- Ask a youth, what are you willing to do to keep yourself and others safe?
- Have you ever run away from home? Where did you go? Have you ever thought of running away but didn't? What stopped you?
- Many kids tell me that when things are difficult they feel like escaping somehow. What kinds of things do you do to escape tough times?
- Have you ever thought of hurting yourself? What stopped you from following through?

B) Domestic Violence

Narrative

Do not enter any information in this section. All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

Parent/Caregiver:

- What positive things do you get from your relationship with your partner?
- Who makes the important decisions in your family?
- What do you (and your partner) do for a break?
- How much time do you spend with family? Friends? Alone?

Child:

- Who do you feel “safe” with?
- What happens when your mom and dad argue?
- What happens when your mom and dad are angry with you? Or when you break a rule?

Risks, Needs, and Concerns (Signs of Risk)

Mother:

- In many families, the mother does not experience as much safety as she wants. On a scale of 1 to 10, where 10 is safe and 1 is not safe, how safe do you feel in your home?
- Have you ever left because of violence in your home? If yes, where did you go? What gave you the courage to do this? How long were you gone?

C) Substance Abuse

Narrative

Do not enter any information in this section. All narrative information for Safety issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- We all have ways of dealing with stress, like running, talking with a friend... and there also are negative ways for dealing with stress. For example,

sometimes we eat too much or sleep too much or drink too much, what are helpful ways and negative ways you deal with stress?

- Do you know/suspect your child is drinking/using drugs?
- Tell me about the use of drug/or alcohol in your family. How do you think this has affected you? Or your child? What did you do to handle this?

Risks, Needs, and Concerns (Signs of Risk)

- When was there a time that you thought your child would “get high” with friends, and did not? What did (he/she) do that time?
- Describe a time when you wanted to get high, but you didn’t. What helped you through that time?
- What might help us know if drugs or alcohol are a problem in your family?
- Has your child’s behavior changed significantly in the past six months? How do you account for this change?
- You said you have quit before. How did you manage to do that?
- Has anyone in your family ever thought you might have a problem with drugs or alcohol?

WELL-BEING

A) Current Functioning

Narrative

Use this narrative textbox to document the children's perception of self as well as how the children are perceived by others, such as parents, teachers, other authority figures, or peers. Indicate the parents' views on discipline, allowance, earning privileges, etc. Is the parent able to meet the basic needs of the children? Note any recent changes in personality (i.e. mood changes, withdrawal, depressions, etc.). Identify the children's desired changes to come from DCS involvement or the current situation in general.

Include information regarding the dates of any psycho-educational evaluations, M-Team meetings, parents' feelings about education, parental academic background and aspirations, school extracurricular activities, etc.

Here is where the FSW would include the children's early development history, EPSD&T dates and results, and any factual physical or mental health information that would not be a strength or risk.

Strengths (Signs of Safety)

Parent:

- What 3 words describe your child/children
- What are the good things that will come from your current situation?
- What is working now? What is making a difference?
- How do you ask for help from others when you need it?
- Tell me about your child's friends.
- How does your child interact with authority figures?
- How does your family have fun together?
- Have you ever had a vacation? Where do you go for vacation?
- Tell me about your other children?
- If I asked your neighbors to describe your family what would they say?

Child:

- Describe yourself in 3 sentences.
- What do you like to do with your parents/family/friends?
- Do you have any special talents?
- What would you like to do when you get older?
- What do you and your family do for fun?

- Who do you admire the most? What would help you to follow in their footsteps?
- What are the qualities of a good friend?
- Tell me any of your pets. What do you do to take care of them?

Risks, Needs, and Concerns (Signs of Risk)

- What kinds of changes in your child's behavior have you noticed?
- What do you most want me to know about your family?
- What are some things that you wish your family did together?
- If you had three wishes, what would they be?
- Have you ever done something and then later worried about the consequences that could have followed?
- When you are out with your friends, what things do you do to make sure you are safe?

B) Family's Parenting Capabilities

Narrative

Do not enter any information in this section. All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Tell me about a time when you felt good about spending time with your child.
- You have been parenting for # years now, so can you tell me what you are most proud of? What brings a smile to your face?
- Can you remember a time when there was a crisis how you were able to handle it?
- This is a difficult time. How are you managing to keep it all together?
- Tell me about some of your parenting successes.
- What would your children say they like best about your parenting style.
- How are rules about behavior decided upon in the family?
- Tell me about your best memory growing up.
- What do you believe is the most important thing you as the parent want to teach your children?
- Do you have any family routines which are important for your children to continue to follow?
- Tell me about your family holidays. How are birthdays celebrated in your family?

Risks, Needs, and Concerns (Signs of Risk)

- What do you want to happen so you see yourself as a success with your son?

- Tell me about a typical daily routine. How do you get the children fed clothed and off to school? How do you get the children to bed?
- How do you know when you need a break?
- What do you do when your child does not behave or breaks a family rule?
- How did you discipline your children when they were younger?

C) Education

Narrative

In the FFA document, this area will contain education information from TNKids for the child whose FFA document is open. All schools and academic years will be listed, as well as special education certification reasons. *Do not enter any information in this section. All narrative information for Well-Being issues should be written in the first narrative textbox.*

Strengths (Signs of Safety)

Child:

- What do you like about school?
- What class(es) do you have the most success in?
- Who helps or has helped you experience success with _____ (various school subjects)?
- Tell me about any work related training you have had or are interested in.
- What do you want to do when you grow up?

Parent:

- When you talk with your child about school, what does he/she tell you?
- Does your child have an IEP? If so, when was the last M-Team meeting?
- What were your experiences in school? How has this influenced your role in your child's education?

Risks, Needs, and Concerns (Signs of Risk)

- If you had three wishes, what would you want to have happen with your schooling?
- Which classes do you wish you could do better in?
- What do you think your child needs to feel more confident?
- Tell me about any difficulties you have in school, such as absences or disciplinary issues.

- If child has quit, when did he/she quit? _____ What grade was child in? _____
- What would you like to do to complete your education?

D) Employment

Narrative

In this space, employment information for the parents/guardians and children is pulled from TNKids. *Do not enter any information in this section. All narrative information for Well-Being issues should be written in the first narrative textbox.*

Strengths (Signs of Safety)

Child:

- Employed? Where? How long? [Enter this information in TNKids so that it will automatically populate in the FFA the next time it is opened.]
- How your job benefits you?

Parents:

- Tell me how your job benefits you.
- What do you like best about your job? How flexible is your work when it comes to your children?
- If unemployed, why?

Risks, Needs, and Concerns (Signs of Risk)

- Are there things about your job that you wish you could change?
- If you could do what you really wanted to be doing for a career, what would that be?

E) Physical Health

Narrative

In this space, health care provider information is pulled from TNKids for the child whose FFA is open on the computer screen. *FSW should not enter any information in this section. All narrative information for Well-Being issues should be written in the first narrative textbox.*

Strengths (Signs of Safety)

Parents:

- What does your pediatrician say about the success your child has experienced?
- Describe child's current health. What do you do to keep your child so healthy?

- Describe child's development.
- How old was child when he/she walked? Talked?
- Do you have insurance, a doctor or clinic you trust?
- Are you taking any medications? What health issues are these medications helping you to deal with?
- Describe child's personality as a baby

Risks, Needs, and Concerns (Signs of Risk)

Parents:

- Tell me about any health problems.
- Does your child have any medical limitations or special medical needs or treatment
- If you could change one thing about your physical health, what would it be?
- What would help you to manage that pain more effectively?
- Tell me about any serious accidents or illnesses you child has had during childhood?
- Did the child ever display early childhood behavioral problems or unusual habits?
- Tell me about your child's eating? How about sleeping? Has there been any change?

F) Mental Health

Narrative

FSW should not enter any information in this section. All narrative information for Well-Being issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- How can someone else tell when you're having a bad day?
- What does it look like when you are taking your medication?
- What are some things that have helped you during difficult times?
- Think of a good day or activity. What was it?
- Have you ever had a vacation? Where did you go? What did you do?
- Has this child ever seen a psychologist or counselor? Tell me about that/those experiences. What was successful about counseling or treatment?
- I can see why you are depressed. What do you suppose might help you be a little less depressed?

Risks, Needs, and Concerns (Signs of Risk)

- What might it look like if your child was "like his/her peers?"

- How do your children express their feelings?
- What do you think you need to make your life better?
- What do you want right now?
- What do you need from others when you are having a difficult time?
- Has the child ever had any mental health testing?
- Were services recommended as a result of the evaluation?
- How long were services provided?
- Tell me how receiving the service helped.
- Have you ever had any gotten help for nerve problems before?
- When you force yourself to get out of bed, what do you suppose your children will notice is different?

PERMANENCE

A) Relationships and Connections

Narrative

In this first narrative textbox of the Permanence domain, describe the interaction between the parent/caregiver and children, from the children's perspective and the parent/caregiver's perspective. Include demographic information for a stepparent or significant other and how each family member describes these relationships. Describe how the family interacts socially. Note if the family has an extensive or minimal social network. Identify any groups, organizations, etc. that the family is involved with. Describe what was learned from the Pictorial Tool(s) used.

Include any pertinent information with regard to current placement, stability and transitions, and transition to adulthood that would not be a strength or risk.

Strengths

- What makes ____ (family member) unique?
- Do you identify with one or more cultural groups?
- How do people help each other out in this family? What is the role of other family members in helping your family?
- What goals do you have for your children/family?
- How would ____ say you've been helpful to them?
- For a special celebration, where do you go? Who celebrates with you?
- Who do you go to when you need help with something?
- What would your sister/brother say s/he likes about spending time with you?
- In the past, what has your (sister, neighbor, mother, grandparent, in-law) done that you found helpful?
- How does the family discuss issues that come up?
- Is there an adult outside your family that you have a connection with or who could be a support to your family?
- Describe relationships between the family members:

Risks, Needs, and Concerns (Signs of Risk)

- What is something that you missed out on that you would like to see your children doing?
- What role does your (mother, sister, extended family) have in your family?
- How would you like your relationship with ____ to be different?
- How can ____ (family member) be helpful to you?

- What would you wish that your extended family would do for you that they are not doing now?
- What types of things do you disagree about in your family?

B) Current Placement and Concurrent Planning

Narrative:

FSW should not enter any information in this section. All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- Who else is concerned about what is happening in your family right now?
- Have/will any of your extended family members/friends take(n) care of _____(child)? If yes, who?
- What do you want to continue to do while your child is living _____?
- What do you like most about where your child is right now?
- Are there any family members who your child could live with? Relative Caregiver or Kinship assessment information is included in this section

Child:

- What do you like the most about where you are currently living?
- With whom would you most like to live?
- What do you think is going well for you in this placement?
- How do you get along with the other kids or family members or caregivers?
- On a scale of 1 to 10 how well do you think this foster home/group home/placement is helping you with your family, school, health? What do you think would make it 1 point better?
- What do you think you could do to make it 1 point better?

Risks, Needs, and Concerns (Signs of Risk)

- How can _____ be helpful to you?
- How do you want to work with your child's foster parents? Group home childcare worker?
- Has your child ever lived somewhere other than with you? Tell me about those experiences.

Child:

- What would make your current living situation better?
- What would make this one point better for you?

C) Stability and Transitions

Narrative

FSW should not enter any information in this section. All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- When was there a time in your life that you would have said, “life is pretty stable right now?”
- Where have you lived the past few years?
- Tell me about your past marriages. (mother and father)
- Tell me about a change in your life that was difficult. How did you deal with that change?

Risks, Needs, and Concerns (Signs of Risk)

- Have any of the siblings received services from DCS or other agencies?
- Tell me about your past legal problem? Who helped you with them?
- What needs to happen for things to feel like they going smoothly?
- If father is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____
- If mother is deceased:
Age when died: _____ Date of death: _____ Cause of death: _____

D) Transition to Adulthood: (Results of the Daniel Memorial assessment should be included according to strengths and/or needs)

Narrative

FSW should not enter any information in this section. All narrative information for Permanence issues should be written in the first narrative textbox.

Strengths (Signs of Safety)

- On a scale of 1 to 10, with 1 being totally dependent on someone and 10 being self-sufficient, where would you rate yourself?

- What can DCS do to help you become more self-sufficient?

Risks, Needs, and Concerns (Signs of Risk)

- What would you like to accomplish over the next year to become more self-sufficient?
- Who do you see as a caring adult in helping you achieve self-sufficiency?
How will this person be supportive?

RESOURCES

A) Home Environment

Narrative

In this first narrative textbox of the Resources domain, describe the physical home environment, residents of the home, date of home visit, the community/neighborhood (rural, urban), crime in the neighborhood, what community resources are available to the family, etc.

Strengths (Signs of Safety)

- What about your home or neighborhood is good for your family?
- Do you feel safe in your neighborhood?
- Tell me how you make your budget last to the end of the month.
- How long has the family been at the current residence?

Child:

- How do you find private time for yourself?

Risks, Needs, and Concerns (Signs of Risk)

- If you could change something about your home or neighborhood, what would it be?
- How many times has the family moved in the last five years?
- Are community resources accessible to you?
- Is the area considered high or low crime?
- How many people reside in the home?

B) Community/ Neighborhood

Narrative

FSW should not enter any information in this section. All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- I hear you speaking another language with your children. Who helped you learn English? Who helps you with reading or writing?
- How do you think of your family culturally? What is important to you and your family?

- You mentioned that you “trust that He will take care of you”. What would you want me to know about your spiritual beliefs?
- Where do you go in your community for assistance?
- Who in your neighborhood can you go to for help?
- What makes you feel connected to your neighborhood?

Child:

- Who is your best friend?
- What do you do for fun in you neighborhood?

Risks, Needs, and Concerns (Signs of Risk)

- Would it be helpful to you if services were provided in _____ [language]?
- Tell me about your transportation needs, ... who helps you get to the grocery store (or church, doctor visits).
- What would help you be able to practice your beliefs or values more?
- How do your child's/adolescent's values differ from yours?

C) Access and Coordination of Team/ Services

Narrative

FSW should not enter any information in this section. All narrative information for Resources should be written in the first narrative textbox.

Strengths (Signs of Safety)

- What does somebody else do for your family that you feel good about?
- What kind of support does your family (or neighbors, friends) provide?
- What services in the past helped your family?
- How do you get you to where you need to go?
- How do you contact others?

Risks, Needs, and Concerns (Signs of Risk)

- With whom do you want to be working better?
- What would it look like if your family were working with you?
- Did the court order restitution? If yes, to whom and what amount?
- Was public service work ordered? If yes, how much?

CONCLUSION

Long-term View and Concurrent Planning: (Text box for user input.)

[Summarize how the family envisions things to be in eight months or a year.]

- Where do you want to see your family eight months to one year from now?
- What do you want your family to accomplish over the next year?
- What would tell you it is time for your child to come home?
- What needs to be different?
- What would your child/mother/father/ grandfather say needs to change

Identify the significant strengths in the family (include resources and team members):

(For custodial clients, the Web application displays the significant family strengths from TNKids.)

Identify the significant risks, needs, and concerns:

(For custodial clients, the Web application displays the significant family risks, needs, and concerns from TNKids.)

State the Permanency Goal(s) for the Children:

(For custodial clients, the Web application displays the child's permanency plan goal(s) and target date(s), the action plan type(s), the desired outcome(s), and expected achievement date(s) from TNKids.)

Progress/ Signs of Movement Forward:

[Text box for user input]

Continued Areas of Risk:

[Text box for user input]

Describe the next steps or strategies that have been developed during the CFTM:

Meeting Date:		
Name of Person	Responsibility or Task	Date for action to be taken (if applicable)